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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Application or Docket Number 091899166											
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER F			ER FILED	FILED NUMBER EXTR			RATE	FEE		RATE	FEE
	IC FEE CFR 1.18(a))							s	OR		S
TOT	AL CLAIMS CFR 1.16(c))		minus 20 =			1	x \$ =		OR	x s •	
IND	EPENDENT CLAIR	AS		 		L	X			x s =	
(37 CFR 1.16(b)) mlnus 3 = .									OR		
MULTIPLE DEPENDENT GLADA PRESENT (37 CFR 1.18(d))						j	+5		OR.	+5=	
"If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL	L	OR	TOTAL	L
CLAIMS AS AMENDED - PART II											
	(Column 1) (Column 2) (Column				(Cotumn 3)	_	SMALL I	ENTITY	OR		R THAN ENTITY
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE
M	Total	. 34	Minus	" 159	•	İ	x's=		OR	x s	
AMENDMENT	Independent (37 CFR 1,18(b))	2)	Minus	··· //)		l	x s=	/	OR	x s =	
\}				70	D. secon	l		_/_			/
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						J	TOTAL		OR	+ S =	/
La 1.05							ADDL FEE	4	OR	ADD'L FEE	<u> </u>
\square	11100	(Cotumn 1)	,	(Column 2)	(Column 3)	1					
N H B		CLAIMS REMAINING AFTER AMEMOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	. ADDI- TIONAL FEE
AMENDMENT	Total (27 CFR 1.16(cl))	37	Minus	" 159	. 4	1	x \$_ =		OR	x s	1,55
띪	Independent (37 CFR 1.16(b))	.01	Minus	10	- ()	1	x s=		OR	x \$ =	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					1	+5		OR	+5	
						,	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	•	(Column 1)		(Column 2)	(Column 3)				-		
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total pr CFR 1.15(cl)	•	Minus	**	3	1	x s=		OR	x s =	
AMENDMENT	independent (37 CFR 1.16(b))	•	Minus	•••	-	1	x \$		OR	x \$ =	
₩		TATION OF MUI TIP	LE DEPENDE	NT CLAIM (37 CF	FR 1.16(d1)	1		· · · · · ·	OR		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						j	TOTAL			TOTAL	
	e Hebo polovic -	aluma 1 is lass 4	on the cot-	in cohuma 2ii	a M² in column	2	ADD'L FEE	L	OR	ADD'L FEE	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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